

TECHNICAL EXHIBIT 30 JOB SPECIFICATION SAMPLE

130 E Mail

0000 516 H1

DOD PRINTING REQUISITION/ORDER		CLASSIFICATION <small>(Classification automatically becomes "UNCL" when detached from classified material)</small>		FOR PLANT USE	<p>0000 516 H1</p> <p>(PLANT JOB NUMBER)</p>	
REQUISITION NO. LAUTP0036	DATE OF REQUEST 01MAY00	REQUESTED DLY 02MAY00	EST. COST			
FOR REFERENCE CONSULT		FORM				
SCHEDULED COMPLETION DATE		ESTIMATED COST				
ACCOUNTING DATA						
97X4930.5CLO 001 P957.01 2410 VTP LA L2 VTOLA L2 P0001PG S0338						
FORM/PUBLICATION NO. AND TITLE (if that order)						
LOGISTICS INFORMATION OPERATIONS COURSE ROUGH DRAFT						
<small>URL (Specify site, area, etc.)</small> 8 SETS <small>PAGE</small> <small>DATE</small> <small>NO. OF SETS</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>JOB TO BE REPRINTED</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>LAST JOB NO.</small>						
<small>DESCRIPTION (Detail sheet, set, production copy)</small> <small>PAGES</small> <small>MEGA-TWES</small> <small>PLATES</small> <small>INK (If not blank)</small> <small>STOCK</small> 50 <small>WHITE</small>						
SPECIFICATIONS	<small>PRINT TO (Sheet)</small> 8 1/2 X 11		<small>PRINT</small> <input checked="" type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> TAIL TO TAIL <input type="checkbox"/> TWO SIDES		<small>INK (If not blank)</small> 1. STOCK 50 WHITE	
	<small>ADDITIONAL</small> <input checked="" type="checkbox"/> IN SETS <input type="checkbox"/> FINE LINE		<small>USE OTHER (Specify)</small> <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OTHER (Specify)		<small>SHRINK WRAP</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>OTHER (Specify)</small> <input type="checkbox"/> OTHER (Specify)		<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>OTHER (Specify)</small> <input type="checkbox"/> OTHER (Specify)		<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>OTHER (Specify)</small> <input type="checkbox"/> OTHER (Specify)		<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>OTHER (Specify)</small> <input type="checkbox"/> OTHER (Specify)		<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>OTHER (Specify)</small> <input type="checkbox"/> OTHER (Specify)		<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>OTHER (Specify)</small> <input type="checkbox"/> OTHER (Specify)		<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>OTHER (Specify)</small> <input type="checkbox"/> OTHER (Specify)		<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>OTHER (Specify)</small> <input type="checkbox"/> OTHER (Specify)		<small>SHRINK WRAP</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FOR PLANT USE ONLY						
SPECIAL INSTRUCTIONS/REMARKS						
<p>DOC. 3-24F-2624 MRT 5-1-00</p> <p>Shrink wrap - MRT 5-1-00</p>						
<p>DD FORM 282, APR 71 (EG)</p>						

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PerFORM (DLA)


REQUEST FOR REPRODUCTION SERVICES									
FURNISH ORIGINAL AND TWO CARBON CTS (RIAR 318-2) (SEE REVERSE SIDE OF THIS FORM FOR PREPARATION INSTRUCTIONS.)									
1. REQUISITION NUMBER:		2. DATE OF REQUEST:		3. COMPLETE DEL. REQ'D BY:		4. CLASSIFICATION (IF OTHER THAN UNCLASSIFIED)		5. PRINTING & REPR. DIV. USE ONLY	
		17 May 2000		19 May 2000				6. JOB NUMBER:	
4. REQUESTED BY: NAME		OFFICE SYMBOL		COST CENTER		PHONE EXT.		7. CHARGE TO:	
[REDACTED]		AMSOS-MAP-Q		MAPQ0		[REDACTED]		0SC0 1124400130 04680	
8. NO. OF ORIGINALS:		9. ANY REQ'D FROM EACH ORIGINAL		10. DELIVER TO: NAME		OFFICE SYMBOL		COST CEN.	
516		2		BECKY LAY		AMSOS-MAP-Q		MAPQ0	
						BLDG.		FLOOR	
						350		6th	
								WHS/RECY SE/G26	
11. TITLE OF MATERIAL, PUBLICATION, FORM, ETC., TO BE REPRODUCED: (ATTACH SAMPLES, DRAWINGS, ORIGINALS, ETC.)									
JURAN INSTITUTE, QUALITY IMPORVEMENT TOOLS, DESK GUIDE									
12. REPRODUCTION SERVICE(S) DESIRED: (ON THESE ITEMS, LIST DRAWING NUMBERS BELOW IN BLOCK NO. 17)									
<input type="checkbox"/> OFFSET COPY PRINTS <input type="checkbox"/> VUGRAPHS <input type="checkbox"/> APER. CARD HARD COPIES <input type="checkbox"/> TYPESETTING <input type="checkbox"/> BINDERY <input type="checkbox"/> LETTERPRESS <input type="checkbox"/> PHOTOSTAT <input type="checkbox"/> *DIRECT LINE PRINT <input type="checkbox"/> MICROFICHE HARD COPY <input type="checkbox"/> XEROGRAPHY COPIES <input type="checkbox"/> DITTO <input type="checkbox"/> *SEPIA REPRODUCIBLES									
13. SIZE (OVERALL SHEET SIZE)				14. PAPER TYPE				15. ASSEMBLY (COLLATE)	
<input checked="" type="checkbox"/> SAME <input type="checkbox"/>				BOND				WHITE	
16. SPECIFICATIONS:									
PRINTING				MARGINS				PUNCHING	
<input type="checkbox"/> FACE ONLY				" TOP				STITCHING (STAPLING)	
<input checked="" type="checkbox"/> BOOK STYLE				" BINDING (LEFT)				NO. OF HOLES	
<input type="checkbox"/> TUMBLE STYLE				" OUTSIDE				" NO. OF STITCHES	
<input type="checkbox"/> HEAD TO FOOT				" BOTTOM				TOP LEFT CORNER	
<input type="checkbox"/> HEAD TO L <input type="checkbox"/> R				<input checked="" type="checkbox"/> AS MARKED ON SAMPLE				SIDE	
<input type="checkbox"/> NUMBER				<input checked="" type="checkbox"/> LEFT SIDE				TOP	
COLOR OF INK (IF OTHER THAN BLACK)				<input type="checkbox"/> ROUND CORNERS				SADDLE	
				<input type="checkbox"/> TOP				BOTTOM	
				<input type="checkbox"/> PERFORATE					
17. SPECIAL INSTRUCTIONS: (IF NECESSARY, CONTINUE ON REVERSE SIDE OR ON ATTACHED SHEET)									
PLEASE MAKE TABS, ANY COLOR FOR TABS IS FINE.									
THANK YOU!!									
PLEASE RUSH FOR FRIDAY, 19 MAY 2000.									
OKAYED PER [REDACTED] 17 MAY 2000.									
18. CERTIFICATION & APPROVAL SIGNATURE OF ORIGINATOR OR APPROVING AUTHORITY:									
CERTIFICATION A. THAT THE USE OF MORE THAN ONE COLOR IS IN ACCORDANCE WITH DEPART. MENTAL REGULATIONS. B. THAT THE ILLUSTRATIONS USED IN THIS PUBLICATION ARE NECESSARY AND RELATE ENTIRELY TO THE PUBLIC SERVICE. C. THAT THIS WORK IS AUTHORIZED BY REGULATIONS AND IS NECESSARY TO THE CONDUCT OF OFFICIAL BUSINESS.									
SIGNATURE FOR CERTIFICATION & APPROVAL									
[REDACTED]									
(NOTE: FACSIMILE SIGNATURES ARE NOT ACCEPTABLE)									
19. PLATEMAKER		DATE		20. PRESSMAN		DATE		21. COLLATOR	
22. DATE RECEIVED:									
23. SPECIAL PRINTING/REPRODUCTION INSTRUCTIONS:									
24. TYPE OF REPRODUCTION:			25. PRIORITY:			26. DATE PROMISED:			
27. PRINTING/REPRODUCTION CONTROL ACTION:			28. SIGNATURE OF PRINTING/REPRODUCTION CONTROL OFFICER & DATE:						
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED									

SMCRI FORM 2023, 1 OCT 84

(REPLACES SARRI FORM 2023, 1 JUL 77, WHICH MAY BE USED.)

DPSDBO BC LOCAL DUPLICATING SERVICE			1. DATE OF REQUEST 9 May 00	2. DATE REQUIRED 11 May 00	3. JOB NUMBER 130 0000 2
PART A - REQUEST					
4. REQUESTING OFFICE a. ORGANIZATION DRMS-TP00		b. BUILDING 2	c. ROOM NO. 266	5. DELIVERY INSTRUCTIONS a. DELIVER TO [Redacted]	
4. FOR REFERENCE CONSULT: (1) Name [Redacted]		(2) Telephone Number [Redacted]	b. PERSON TO CALL IF TO BE PICKED UP (1) Name [Redacted]		(2) Telephone Number [Redacted]
6. DESCRIPTION OF JOB b. TITLE, FORM NO., ETC. SF26 Swamp Pontiac SP441000S 3007		a. APPROPRIATION CHARGEABLE		c. CLASSIFICATION <input type="checkbox"/> Classified <input checked="" type="checkbox"/> Unclassified <input type="checkbox"/> Other (Specify)	d. NO. OF ORIGINALS 46
				e. NO. OF COPIES EACH 30	f. DISPOSITION OF ORIGINALS <input checked="" type="checkbox"/> Return <input type="checkbox"/> Destroy
7. SPECIFICATIONS (X and complete all that apply)					
		b. PRINT <input type="checkbox"/> One Side <input checked="" type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot <input type="checkbox"/> Other (Specify)		c. FINISHED SIZE <input checked="" type="checkbox"/> 8-1/2 X 11 <input type="checkbox"/> Other (Specify)	d. PAPER <input checked="" type="checkbox"/> White <input type="checkbox"/> Other (Specify)
i. COLLATE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	g. STAPLE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	h. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.)			
8. REQUESTER CERTIFICATION. I certify that this work is authorized by regulations and is necessary to the conduct of official business.					
a. PRINTED NAME OF REQUESTER [Redacted]		b. SIGNATURE OF REQUESTER [Redacted]		c. SIGNATURE OF PRINTING CONTROL OFFICIAL [Redacted]	
PART B - APPROVAL (For production unit use only)					
9. DATE RECEIVED	10. PRIORITY PRIORITY KS	11. OPERATOR KS	12. DATE COMPLETED 5/9/2000	13. NO. COPIES REPRODUCED 1380/23 HS	14. DATE RECEIVED BY REQUESTER 5-9-00
				15. JOB RECEIVED BY [Redacted]	14. DATE REQUESTER NOTIFIED JOB IS COMPLETE

DPSDBO BC FORM 1 . 7

PRINTING REQUEST			
	NAME [REDACTED]	PHONE [REDACTED]	
	PUBLICATION TITLE <u>Dod FMR</u>		
	ACTIVITY: <input checked="" type="checkbox"/> DFAS-IN (ORG CODE <u>IN-T</u>) <input type="checkbox"/> DFAS-HQ-DET <small>(MUST BE FILLED IN)</small>		
	<input type="checkbox"/> PSO/CSU <input type="checkbox"/> PSO/RSC <input type="checkbox"/> ISO <input type="checkbox"/> OTHER TODAY'S DATE <u>5-9-10</u> DUE DATE <u>5-9-00</u>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Estimate Required </div>			
FUNDS AUTHORIZED BY _____ PHONE _____			
<div style="display: flex; justify-content: space-between;"> <u>1134</u> PAGES <u>5</u> COPIES ORIGINALS <input type="checkbox"/> 1 SIDED <input checked="" type="checkbox"/> 2 SIDED PRINT <input type="checkbox"/> 1 SIDED <input checked="" type="checkbox"/> 2 SIDED COLLATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO </div>			
PAPER SIZE <u>8 1/2 x 11</u> <input type="checkbox"/> COLORED BOND COLOR _____ <input type="checkbox"/> COVER STOCK COLOR _____ <input type="checkbox"/> CARBONLESS <input type="checkbox"/> OTHER <u>white</u>	BINDING <input type="checkbox"/> LOOSE <input type="checkbox"/> STAPLE UPPER LEFT <input type="checkbox"/> STAPLE 2 LEFT SIDE <input checked="" type="checkbox"/> ACCO FASTENER <input type="checkbox"/> PLASTIC SPIRAL <input type="checkbox"/> PAD <input checked="" type="checkbox"/> 3 HOLE PUNCH	ADDITIONAL INSTRUCTIONS <u>202 — 5670</u> <u>271-101W202-2835</u> <u>259 — 240</u> <u>252 — 5</u>	
<div style="display: flex; justify-content: space-between;"> DAPS-IN 5600/2 (01-99) tsm <div style="text-align: right;"> DAPS OPERATORS INITIALS & DATE COMPLETED <u>25/9</u> COPIES 1 & 2 - BILLING BOTTOM COPY - CUSTOMER </div> </div>			

We appreciate your business!

PRINTING REQUEST



NAME [REDACTED] PHONE [REDACTED]
 PUBLICATION TITLE STRESS MASTERY: A PERSONAL
 ACTIVITY: ☐ DFAS-IN (ORG CODE SEE BELOW) ☐ DFAS-HQ-DET
(MUST BE FILLED IN)
☒ PSO/CSU ☐ PSO/RSC ☐ ISO ☐ OTHER
 TODAY'S DATE 5/16/00 DUE DATE DOB 5/18/00 ☒ Estimate Required

FUNDS AUTHORIZED BY [REDACTED] PHONE [REDACTED]

24 PAGES 25 COPIES ORIGINALS ☒ 1 SIDED ☐ 2 SIDED PRINT ☐ 1 SIDED ☒ 2 SIDED COLLATE ☒ YES ☐ NO

PAPER
 SIZE 8 1/2 x 11
☐ COLORED BOND
 COLOR _____
☐ COVER STOCK
 COLOR _____
☐ CARBONLESS
☐ OTHER _____

DAPS-IN 5600/2 (01-99) tsm

BINDING
☐ LOOSE
☒ STAPLE UPPER LEFT
☐ STAPLE 2 LEFT SIDE
☐ ACCO FASTENER
☐ PLASTIC SPIRAL
☐ PAD
☐ 3 HOLE PUNCH

ADDITIONAL INSTRUCTIONS

Attn: Rod
 Put on Back Cover acct.

DAPS OPERATORS INITIALS & DATE COMPLETED 22 5/17

COPIES 1 & 2 - BILLING BOTTOM COPY - CUSTOMER

We appreciate your business!